

#11 Response
j25
6-5-03**FAX**

Date 5/23/03

Number of pages including cover sheet

9

TO: Assistant Commissioner
for Patents
Washington, DC

RE: U.S. Application No. /
09/473,662 filed 12/29/99

Phone

Fax Phone 703-305-7687

FROM: Diane F. Covello

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REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

See attached Response.

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PTO/SB/21 (03-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/473,662
	Filing Date	12/29/99
	First Named Inventor	Risen, William
	Art Unit	3625
	Examiner Name	Rosen, N
Total Number of Pages in This Submission	Attorney Docket Number	Risen-01-c1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <i>no fee required</i> <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Diane F. Covello 125 Walbridge Rd, W. Hartford, CT 06119 Reg # 34,164
Signature	<i>Diane F. Covello</i>
Date	5/23/03

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 5/23/03	
Typed or printed	Diane F. Covello
Signature	<i>Diane F. Covello</i>
Date	5/23/03

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Risen-01-C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re patent application of William Risen et al.****Serial No. 09/473,662****Examiner: Rosen, N.****Filing Date: 12/29/99****Group Art Unit: 3625****For: Method of Protecting Against a Change in Value of Intellectual Property, and
Product Providing Such Protection****Assistant Commissioner for Patents
Washington, DC 20231****BOX Non-Fee Amendment****Sir:****RESPONSE**

**In response to the Office Action dated February 24, 2003, please consider the
following remarks:**

REMARKS

**Reconsideration and allowance of the above-referenced application are respectfully
requested.**

Claims 1-11, 13-15, 17, 19, 21 and 22 are pending.

**Claims 1-11, 13-15, 17, 19 and 21 are rejected under 35 U.S.C. Sec. 112, first
paragraph, as containing subject matter which was not described in the specification in
such a way as to enable one skilled in the art to which it pertains, or with which it is most
nearly connected, to make and/or use the invention. In particular, the Office Action**